



[www.ciatn.org](http://www.ciatn.org)  
[info@ciatn.org](mailto:info@ciatn.org)  
615-414-0451

## ADOPTION APPLICATION

To be considered as an adopter, you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care for your pet(s).

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
*First M.I. Last*

Address: \_\_\_\_\_  
*Street Address Apt/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Age \_\_\_\_\_

**\*\*Compassion in Action of TN reserves the right to refuse adoption to anyone. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on this application.\*\***

How long have you lived at this address? \_\_\_\_\_

Are you adopting for yourself or someone else? \_\_\_\_\_

Which animal are you interested in? CAT  DOG  Name: \_\_\_\_\_

What kind and how many animals do you currently have? \_\_\_\_\_

Are your current pets spayed or neutered? YES  NO

Are your pets current on vaccinations? YES  NO

If you currently do not have any animals, have you had any in the past? \_\_\_\_\_

Have you ever turned one of your animals in to a shelter? YES  NO

If yes, please explain: \_\_\_\_\_

How many adults are in your family? \_\_\_\_\_ Children? \_\_\_\_\_ Children's Ages \_\_\_\_\_

Where do you live? House  Apartment  Condo  Mobile Home  Other  \_\_\_\_\_

Do you own or rent your home? Own  Rent  Please provide landlord information below, we will contact them to verify permission to have a pet in your home.

Landlord Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

If you go away for vacation, who will take care of your pet(s)? \_\_\_\_\_

What arrangements will you make for the care of your pet(s) in case of an emergency, or if you become unable to care for him/her? \_\_\_\_\_

If you must move, what will you do with your pet(s) if your new home does not allow pets? \_\_\_\_\_

**Cat Adoptions Only**

Have your current cats been tested for feline leukemia and FIV? YES  NO  Don't know

Under what circumstances would you have the cat declawed? \_\_\_\_\_

Where will your cat live? Indoors  Outdoors  Free access to indoors and outdoors

Barn  Please explain \_\_\_\_\_

Does any member of your household have an allergy to cats? YES  NO

**Dog Adoptions Only**

How long will the dog be alone each day? \_\_\_\_\_

How much exercise and socialization will the dog receive? \_\_\_\_\_

Where will the dog sleep? \_\_\_\_\_

Is there a safe, fenced area for the dog to go out to eliminate or will you walk your dog? \_\_\_\_\_

Under what circumstances do you consider it acceptable to crate a dog? \_\_\_\_\_

When do you consider it acceptable to physically punish or hit a dog? \_\_\_\_\_

Under what circumstance is it acceptable to leave a dog outside? \_\_\_\_\_

Do you realize that you will probably have to house-train your new puppy or dog? YES  NO

**Veterinarian & Personal References**

**Veterinarian Name**  
(current or past) \_\_\_\_\_

Location: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Personal References**

1. Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*I certify that my answers are true and complete. Incomplete applications will not be approved.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_